

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. For Mental Health Programs.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	3,624,774.01
State Hospital Offset	\$	313,962.42
Managed Care Offset 8-22-11 to 9-12-11	\$	122,347.49
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	3,188,464.10
YTD Amount:	\$	3,188,464.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	14,394.68
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	0.00
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	14,394.68
YTD Amount:	\$	14,394.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	56,136.13
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	743.00
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	55,393.13
YTD Amount:	\$	55,393.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	483,109.07
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	28,466.97
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	454,642.10
YTD Amount:	\$	454,642.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	67,850.62
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	0.00
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	67,850.62
YTD Amount:	\$	67,850.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	51,483.02
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	1,114.50
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	50,368.52
YTD Amount:	\$	50,368.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	1,814,293.38
State Hospital Offset	\$	193,701.58
Managed Care Offset 8-22-11 to 9-12-11	\$	100,748.44
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	1,519,843.36
YTD Amount:	\$	1,519,843.36

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	73,545.63
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	0.00
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	73,545.63
YTD Amount:	\$	73,545.63

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CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	234,069.10
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	3,713.21
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	230,355.89
YTD Amount:	\$	230,355.89

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PAYMENT ISSUE DATE: 9/27/2011

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	2,091,877.63
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	321,305.48
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	1,770,572.15
YTD Amount:	\$	1,770,572.15

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA

95988

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	67,462.13
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	11,371.98
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	56,090.15
YTD Amount:	\$	56,090.15

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CLAIM SCHEDULE NUMBER: 1100039A
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HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	369,159.11
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	6,605.00
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	362,554.11
YTD Amount:	\$	362,554.11

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IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	347,850.23
State Hospital Offset	\$	45,919.75
Managed Care Offset 8-22-11 to 9-12-11	\$	31,137.51
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	270,792.97
YTD Amount:	\$	270,792.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

INYO COUNTY TREASURER

P O BOX 0

INDEPENDENCE CA 93526

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	74,488.59
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	2,748.00
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	71,740.59
YTD Amount:	\$	71,740.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	1,441,064.83
State Hospital Offset	\$	30,613.17
Managed Care Offset 8-22-11 to 9-12-11	\$	82,573.63
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	1,327,878.03
YTD Amount:	\$	1,327,878.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	255,879.38
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	24,414.82
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	231,464.56
YTD Amount:	\$	231,464.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	147,105.68
State Hospital Offset	\$	30,613.17
Managed Care Offset 8-22-11 to 9-12-11	\$	25,719.88
State Hospital Offset 2010-11 Fiscal Year	\$	27,279.72
Net Claim / Payment Amount	\$	63,492.91
YTD Amount:	\$	63,492.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	72,812.54
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	4,033.90
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	68,778.64
YTD Amount:	\$	68,778.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	22,080,369.13
State Hospital Offset	\$	2,908,250.08
Managed Care Offset 8-22-11 to 9-12-11	\$	2,991,867.67
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	16,180,251.38
YTD Amount:	\$	16,180,251.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	235,907.76
State Hospital Offset	\$	11,532.33
Managed Care Offset 8-22-11 to 9-12-11	\$	26,895.13
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	197,480.30
YTD Amount:	\$	197,480.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	784,384.76
State Hospital Offset	\$	41,264.83
Managed Care Offset 8-22-11 to 9-12-11	\$	9,645.40
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	733,474.53
YTD Amount:	\$	733,474.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	41,594.19
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	5,826.41
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	35,767.78
YTD Amount:	\$	35,767.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	242,251.53
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	3,152.93
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	239,098.60
YTD Amount:	\$	239,098.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	534,616.56
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	30,679.22
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	503,937.34
YTD Amount:	\$	503,937.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	38,699.38
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	6,495.50
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	32,203.88
YTD Amount:	\$	32,203.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	31,104.08
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	0.00
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	31,104.08
YTD Amount:	\$	31,104.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	696,122.09
State Hospital Offset	\$	46,548.75
Managed Care Offset 8-22-11 to 9-12-11	\$	25,322.12
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	624,251.22
YTD Amount:	\$	624,251.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	404,378.29
State Hospital Offset	\$	61,516.83
Managed Care Offset 8-22-11 to 9-12-11	\$	12,567.86
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	330,293.60
YTD Amount:	\$	330,293.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	165,033.92
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	2,179.01
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	162,854.91
YTD Amount:	\$	162,854.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	4,335,080.35
State Hospital Offset	\$	413,430.00
Managed Care Offset 8-22-11 to 9-12-11	\$	385,793.21
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	3,535,857.14
YTD Amount:	\$	3,535,857.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	331,587.62
State Hospital Offset	\$	23,022.75
Managed Care Offset 8-22-11 to 9-12-11	\$	4,668.13
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	303,896.74
YTD Amount:	\$	303,896.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	55,980.76
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	0.00
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	55,980.76
YTD Amount:	\$	55,980.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	2,516,944.20
State Hospital Offset	\$	99,772.92
Managed Care Offset 8-22-11 to 9-12-11	\$	140,053.85
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	2,277,117.43
YTD Amount:	\$	2,277,117.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	2,906,699.09
State Hospital Offset	\$	276,099.42
Managed Care Offset 8-22-11 to 9-12-11	\$	175,789.78
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	2,454,809.89
YTD Amount:	\$	2,454,809.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	76,141.82
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	6,423.16
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	69,718.66
YTD Amount:	\$	69,718.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	3,334,196.54
State Hospital Offset	\$	215,163.58
Managed Care Offset 8-22-11 to 9-12-11	\$	384,412.78
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	2,734,620.18
YTD Amount:	\$	2,734,620.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	5,316,142.64
State Hospital Offset	\$	207,282.67
Managed Care Offset 8-22-11 to 9-12-11	\$	560,334.88
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	4,548,525.09
YTD Amount:	\$	4,548,525.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	4,125,994.92
State Hospital Offset	\$	627,569.75
Managed Care Offset 8-22-11 to 9-12-11	\$	173,745.00
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	3,324,680.17
YTD Amount:	\$	3,324,680.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	1,381,912.08
State Hospital Offset	\$	45,919.75
Managed Care Offset 8-22-11 to 9-12-11	\$	22,727.33
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	1,313,265.00
YTD Amount:	\$	1,313,265.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	378,613.84
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	7,608.01
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	371,005.83
YTD Amount:	\$	371,005.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	1,878,603.98
State Hospital Offset	\$	80,516.83
Managed Care Offset 8-22-11 to 9-12-11	\$	76,523.88
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	1,721,563.27
YTD Amount:	\$	1,721,563.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	709,719.75
State Hospital Offset	\$	15,188.89
Managed Care Offset 8-22-11 to 9-12-11	\$	13,842.06
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	680,688.80
YTD Amount:	\$	680,688.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	3,375,257.74
State Hospital Offset	\$	567,702.75
Managed Care Offset 8-22-11 to 9-12-11	\$	152,461.30
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	2,655,093.69
YTD Amount:	\$	2,655,093.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	433,950.36
State Hospital Offset	\$	30,903.67
Managed Care Offset 8-22-11 to 9-12-11	\$	57,018.48
State Hospital Offset 2010-11 Fiscal Year	\$	22,678.67
Net Claim / Payment Amount	\$	323,349.54
YTD Amount:	\$	323,349.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	402,055.73
State Hospital Offset	\$	38,119.67
Managed Care Offset 8-22-11 to 9-12-11	\$	32,256.67
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	331,679.39
YTD Amount:	\$	331,679.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	20,860.89
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	0.00
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	20,860.89
YTD Amount:	\$	20,860.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	107,306.17
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	17,253.00
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	90,053.17
YTD Amount:	\$	90,053.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	782,468.45
State Hospital Offset	\$	14,258.17
Managed Care Offset 8-22-11 to 9-12-11	\$	2,692.84
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	765,517.44
YTD Amount:	\$	765,517.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	815,829.91
State Hospital Offset	\$	15,306.58
Managed Care Offset 8-22-11 to 9-12-11	\$	36,814.07
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	763,709.26
YTD Amount:	\$	763,709.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	919,821.24
State Hospital Offset	\$	68,187.67
Managed Care Offset 8-22-11 to 9-12-11	\$	100,261.41
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	751,372.16
YTD Amount:	\$	751,372.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	346,247.28
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	4,057.05
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	342,190.23
YTD Amount:	\$	342,190.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	153,375.52
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	2,175.00
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	151,200.52
YTD Amount:	\$	151,200.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	43,206.88
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	5,531.34
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	37,675.54
YTD Amount:	\$	37,675.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	937,690.99
State Hospital Offset	\$	46,500.67
Managed Care Offset 8-22-11 to 9-12-11	\$	187,694.81
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	703,495.51
YTD Amount:	\$	703,495.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	97,056.05
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	3,702.00
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	93,354.05
YTD Amount:	\$	93,354.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	1,125,061.32
State Hospital Offset	\$	15,306.58
Managed Care Offset 8-22-11 to 9-12-11	\$	32,024.01
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	1,077,730.73
YTD Amount:	\$	1,077,730.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	370,144.48
State Hospital Offset	\$	45,919.75
Managed Care Offset 8-22-11 to 9-12-11	\$	55,440.27
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	268,784.46
YTD Amount:	\$	268,784.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	152,703.50
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	0.00
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	152,703.50
YTD Amount:	\$	152,703.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100039A
PAYMENT ISSUE DATE: 9/27/2011

TRI-CITY MENTAL HEALTH
2008 NORTH GAREY AVENUE

POMONA CA 91767

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

Total amount collected: \$74,180,862.98

Gross monthly apportionment: \$74,180,862.98

Gross Claim	\$	208,391.43
State Hospital Offset	\$	0.00
Managed Care Offset 8-22-11 to 9-12-11	\$	0.00
State Hospital Offset 2010-11 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	208,391.43
YTD Amount:	\$	208,391.43